

VOLUME 3

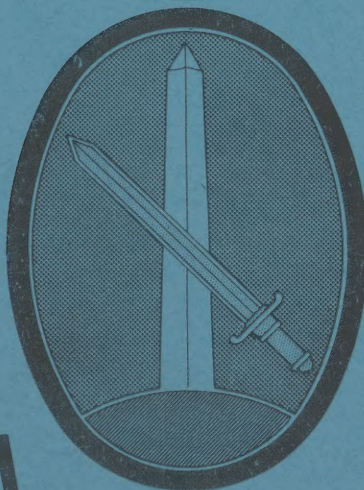
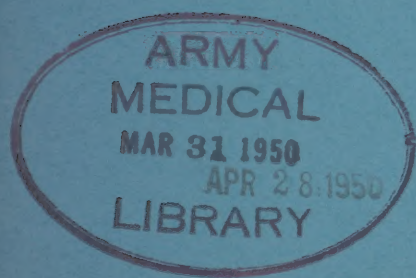
(DOCUMENT SECTION)

REPORT NO. 2

RESTRICTED

# MONTHLY HEALTH REPORT

Military District of Washington



RESTRICTED

February 1950





# MONTHLY REPORT

## M D W

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## HEALTH



HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON  
Room 1543, Building T-7, Gravelly Point  
Washington 25, D. C.

**RESTRICTED**

FEBRUARY 1950  
Vol. 3, No. 2







## INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

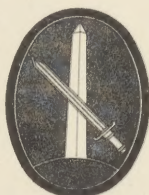
It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department personnel in the field.

ROBERT E. BITNER  
Colonel, MC  
Surgeon

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# PROFESSIONAL SERVICES

## HETEROPHILE ANTIBODY TEST

by

W.H. HUNN, Laboratory Director  
General Dispensary, Fort Myer, Virginia

In an effort to acquire a shorter and faster method of obtaining heterophile antibody reactions, the following modification and blending of several tests, along with the addition of many new procedures, tested and approved in this Laboratory, was adopted:

By using the available materials and equipment there is no added expense, in fact there is a slight saving in material cost, in that there is a minimum amount of sheep cells used in the test. Any laboratory doing cardiolipin microfloc. tests will have the essential equipment. Of course, the greatest and most desirable saving is that of man hours. By screening all blood specimens submitted for heterophile antibody reactions and eliminating the negative blood by use of presumptive test, the work-load is greatly decreased.

Very often a venipuncture is quite difficult to perform on small children. Therefore, in order to obtain enough serum to complete a presumptive test the blood is collected from the finger, same as for the cell count, and drawn up into a capillary pipette. Both ends of tube are then sealed with wax and placed in upright position. When serum and cells have separated, the pipette can be broken and serum placed on a slide.

The quantitative test which usually took many hours has been minimized to a matter of several minutes as is indicated in the outlined procedure. The diluted serum, sheep cell suspension, is placed in a Boerner type 10-cell glass slide and rotated for seven minutes. By using the Boerner slide the agglutination can very readily be checked macroscopically or microscopically. The titre usually is only one dilution higher in making a microscopic reading. The gentle agitation used in this method reveals a true clumping; whereas in centrifuging, the suspension produced a clump of packed cells, and a tendency to hemolyze, making it very difficult to read fine agglutinations.

A group of 50 positive heterophile antibody reactions were compared by using (1) The test tube method, and allowing to stand overnight. (2) The test tube method by centrifuging, and (3) The micro method as recorded.

Each group was checked by testing with the free complement remaining and by inactivating the serum. There was no appreciable difference. The presumptive test revealed a fine clumping after ten or fifteen minutes, whereas the quantitative test revealed no change. By tinting the normal saline there is a much sharper reaction in observing the suspension macroscopically. This in no way retards the antibody reaction.

### Presumptive Test

1. Collect 5cc whole blood and allow to clot.
2. Wash a small amount of sheep cells in sterile normal saline until a clear supernatant fluid is acquired.
3. Remove supernatant saline; leaving only packed sheep cells.
4. Place a small drop of serum on a hang drop slide; add a small loop (bacteriological inoculation platinum wire) of packed sheep cells to serum and mix.
5. An agglutination will be complete within a matter of 30 seconds to one minute; only gross clumping should be considered as positive.



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## PROFESSIONAL SERVICES

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After several minutes a fine clumping will be noticed. This is due to the undestroyed complement. It is not to be considered as a positive reaction.

### Quantitative Test

1. Add .4cc saline to tube #1 and .25cc to each of seven others. For this test, tint the normal saline rather deeply with methylene blue.
2. Place .1cc of undiluted serum on bottom of Tube #1 and mix; carry .25cc of mixture over into tube #2, etc. Do not discard the last .25cc of suspension.
3. Place .05cc of diluted serum in corresponding concave discs of the Boerner slide.
4. Add a small loop of packed cells in each disc and rotate to mix.
5. Place slide on rotating apparatus (used in performing cardiolipin microfloc) and rotate for seven (7) minutes.
6. Read immediately, microscopically, for any agglutination, and record the dilution as 1:7; 1:14, etc.
7. If the reading is made microscopically the titre will be recorded one place higher; this is usually found to be true on microscopic readings.

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## PREVENTIVE MEDICINE

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### PERSONAL ADJUSTMENT AND MENTAL HYGIENE

#### Adjustment and Maladjustment

Adjustment is the life process in which an individual adapts himself to a continually changing environment. Proper adjustment for the soldier implies that he fulfills his assigned duties with a maximum effectiveness and, at the same time, with personal satisfaction; that he can accept the rules of Army life gracefully; and that he avoids partial or complete escape from the job by illness, misbehavior, over-aggressiveness, absenteeism, or other maladjustment evidence. This definition sets forth the ideal. However, no one ever continually maintains perfect health. Similarly, all of us sometimes show evidence of maladjustment in the form of minor failures, irritations, depressions, bad judgment, illness, and many other deviations from this ideal. Minor maladjustment is then a kind of minor mental sickness. All people show minor degrees of maladjustment which, quite literally, are minor mental ills.

#### Responsibility For Mental Health

The maintenance of mental health is a command function and entirely dependent upon the command, just as much as other fields of preventive medicine, such as sanitation and malaria control. Prevention can be carried out only by the command, and every officer, commissioned and non-commissioned, has responsibility for doing so. Medical officers can advise and counsel, as can Chaplains, but their chief function is to care for casualties. The mental health of your unit is an index of the effectiveness of your leadership. To carry out effectively the responsibility for mental health, a unit commander must:

- (1) Know his men sufficiently well to detect maladjustment reactions.



## PREVENTIVE MEDICINE

(2) Have sufficient knowledge about personality function and symptom formation in individual men to recognize signs of maladjustments and failing individual and group morale.

(3) Upon the recognition of such signs, know how to correct, manage, or treat the individual and/or situation.

(4) Know when to call for help from the psychiatrist, who is the advisor in mental health, just as the sanitary officer or venereal disease control officer is in his field. In this connection, it must be remembered that medical channels are not to be abused in handling defects of leadership, morale, and incorrect attitudes toward the Army or combat service.

### Causes, Symptoms, and Observance of Maladjustments

The strain of induction and transition from civilian life to that of a soldier is something that the majority of officers have experienced, although by now this experience may be far in the past. But the officer, like any of the men with whom he is charged, is subjected to constant authority; and the necessity for decision, alertness, and personal sacrifice is ever present. He may be moved at a moment's notice, with his men and even individually. He is expected to acclimate himself to change as a matter of course. The majority of his men have a similar environment to face, but some do not, and may never be able to adjust to this mode of living. The reasons for this may be well beyond his control or influence. They will hinder his work, but there are measures that he can take to deal with them.

Mental disease, behavior problems, and difficulties in learning are deficiencies or illnesses for which the individual soldier may not be responsible. A person of good or even superior intelligence is just as apt to have mental, emotional, or behavior difficulties as a person of limited intelligence. Every one will agree that people often act the way they feel rather than the way they think. We are not always reasonable. One often hears the question, "How could you do this when you know better?" The answer frequently is, "I felt like it," or, "I didn't think," or, "I didn't realize." Similarly, every one has had the experience of feeling bad, upset, or confused at times without knowing the reason why. It may be the "I just don't care" feeling.

The Army has learned from experience that mental illness or breakdown may be transient, periodic, or a chronic illness, and, therefore, a soldier with personality weakness may appear perfectly acceptable at the brief induction screening. He may not break down or become a problem to his superiors until he experiences the increasing pressure and tensions inherent in Army life at its various stages. Soldiers show their feelings and states of mind most frequently in their behavior. With this as a starting point, valuable clues can be gathered as to the state of mind or normality of a soldier by observing him at work, recreation, or any other period.

It does not require a psychiatrist to recognize that there is something radically wrong with a soldier who is chronically late for formation; who is always without the necessary materials for instruction or training; who is persistently careless with his equipment or about his person, or the man who stays by himself and is friendless, or the soldier who does not enter into activities other than those insisted upon, or the chronic worrier. These types of soldiers not only affect the morale and efficiency of troops, but they may be exhibiting signs of an early mental disorder which may either respond to treatment or become progressively worse. Unusual or abnormal behavior is always a symptom which deserves to be understood, so that it may be used to detect those who are in danger of becoming a liability to themselves, to their associates, and to the Army. When it is noticed that a soldier, who in the past has done his assigned duty properly and has associated well with his companions, is not doing his job satisfactorily and is not getting along with his fellow men, something that needs to be understood has happened to the soldier. In many cases this is the first evidence of a mental breakdown.

It cannot be overemphasized that the ability of detection rests primarily in the closeness of the relationship between the company commander and the troops under him. By this, we do not mean that he should become completely familiar with them in a personal relationship. It should be understood that he should have a personal knowledge of each man in order to enable him to evaluate the man's place in his unit and his performance. It may not be necessary and in most cases it will be impossible for him to have such close relationship himself. From the point of view of the soldier,



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## PREVENTIVE MEDICINE

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however, the noncommissioned officers are direct representatives of their commanding officer; they can reflect his interest and understanding of them. Relationship with the men and observation of them are special responsibilities of the noncommissioned officers. Selection of a noncommissioned officer, for example, should be made not only for his initiative and skill in getting things done, but also for his readiness to bring to the attention of the commanding officer men who are problems without fear of being himself criticized as an inadequate leader.

The first step in observing men and learning about them is a thorough knowledge of their records. These records, which include the soldier's Form 20 card, his Service Record, and his 201 file, will reveal a wealth of information about his intellectual capacity, interest, background, experiences, and capabilities. Often it will reveal information about a physical disability that will save him from being assigned to certain types of work. Such records will also reveal a new man's previous disciplinary record and courts-martial disposition. Thus, right from the start, a company commander can familiarize himself with those men in his company who may have problems in adjusting. Through his noncommissioned officers, he can take steps to observe the men closely, although this matter should be handled with utmost care. It is important that the officer give every man an opportunity to fit into his company and to guide him when necessary without prejudice. The officer may wish to set aside a certain time during each week for his men to come in to discuss their problems. It is a well-known fact that many soldiers avoid going to their commanding officer because they fear the stigma that might be attached to them. Many also may be blocked by a first sergeant who may have little understanding of the nature of his men. The fact that he needs help creates a serious problem to the timid or disturbed soldier. As a result, he may keep the problem to himself until he actually blows up and creates a serious problem for himself and his company.

The most important requirement of the responsibility of mental health is that the officer realizes that he is not alone in this tremendous responsibility. He is not expected to go beyond his skill and ability in correcting any problem, and he may call for the help of a specialist provided by the Army. Some of these specialists are: the Information and Education Officer, the Special Service Officer, the American Red Cross representative, the Chaplain, the Medical Officer, the Psychiatrist, and the Classification Officer.

MEDICAL FIELD SERVICE SCHOOL - 1 February 1948

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## NURSING DIVISION

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Applications are requested from Regular Army Nurse Corps, or Reserve Army Nurse Corps on extended active duty for attendance at twelve months course in Anesthesiology to be conducted at selected civilian institutions. Deadline date for application is 7 April 1950.

Satisfactory completion of the course will qualify individuals for examination by the American Association of Nurse Anesthetists. A passing mark on the examination will lead to registration by this association.

### Scope of Technical Instruction:

#### First Quarter

Orientation to anesthesia; orientation to hospital policies; stages, signs and phenomena; pre-and post-operative care; the care and use of anesthetic equipment; general inhalation anesthetic agents; aliphatic agents and barbiturates; complications in anesthetics; explosion hazards; history of anesthesia; channels of excretion; physiology of anoxia; respiratory system; physics and chemistry (Introductory; circulatory system; chemistry respiration; applicatory training; and applied study.

#### Second Quarter

Review of central nervous system; drugs acting on central nervous system; metabolism and biochemistry; physical diagnosis as applied to anesthesia; spinals and locals; review of autonomic nervous system; histology and pathology; physiology of shock; fundamentals of I. V. Anesthesia; fundamentals of blood transfusion; applicatory training; and applied study.

#### Third Quarter

Professional adjustments; advanced anatomy; physical diagnosis; applied psychology; and applicatory training.

#### Fourth Quarter

Organization and management of division of anesthesia; and applicatory training.



# DENTAL SERVICE.

## DAILY WORK SHEET

There is no official or standard form to be used for a daily work sheet, but in most large clinics it will be found that such a sheet is in use. (See chart) In such cases one sheet is kept by each officer and a separate sheet is made out daily which is turned in to the record office at the end of the day. The sheet is usually a single sheet of 8 x 10-1/2 inch paper which has been printed or mimeographed, is lined lengthwise, and divided into five or more sections. The most common work sheet has columns for: the hour of appointment, the name and rank of the patient, diagnoses, operations and treatments, and finally one for remarks and the classification of each patient at the end of that day's treatment. Entries are made on the daily work sheet in the same manner, using the same abbreviations as for the Register Of Dental Patients, WD AGO Form 8-116, and providing the same information. The name of the patient and his rank are written in the second column followed by suitable diagnoses; then the operation or treatment is set down in the fourth column; and, finally, the classification of the patient, as the result of the foregoing treatment, is shown in the last column. The information thus furnished is a compilation of the treatment rendered by an officer in one day's activity; however, its primary purpose is to provide the record clerk with the necessary information to be typed on the individual patient's register at the end of the day.

The daily work sheet may also very conveniently be used as a form of appointment schedule by placing a number of them in a looseleaf notebook and designating a sheet for each day in advance. Appointments may be made on the proper sheet which would then show the appointment schedule for the day with the hour of each appointment and eliminates the necessity for a separate appointment book. The sheet is then used in the usual manner as each day arrives turning it in at the end of the day to the record office. Many officers prefer to keep a separate appointment book and may find it convenient to use a standard Quartermaster item; Book, Blank, Memorandum, stiff back, ruled 150 pages, 5-1/4 inches by 8-1/4 inches item number 53-B-22650, which may be obtained from the medical supply officer.

OPERATOR _____			DATE _____ 19__	
HOUR	NAME AND RANK	DIAGNOSIS	OPERATION OR TREATMENT	REMARKS
0800				
0830				
0900				
0930				
1000				
1030				
1100				
1130				
1300				
1400				
1430				
1500				
1530				
1600				
1630				
DAILY WORK SHEET				

## VETERINARY SERVICE

### VETERINARY SERVICE IN MILITARY DISTRICT OF WASHINGTON FOR 1949

The principal mission of the Veterinary Service of the Military District of Washington is the inspection of meat, poultry, milk, dairy and seafood products. All food products of animal origin were inspected prior to purchase, at time of issue or sale and during the period of storage. This inspection service was provided, not only for the Armed Forces personnel stationed within the Command but also for neighboring Army areas, as well as the Navy and overseas bases. All U. S. Government animals located within the Military District of Washington were given professional care and treatment as needed during the period. Veterinary service was provided for the Marine Base at Quantico. Small animal clinics were operated throughout the Command to administer rabies and distemper vaccine and provide emergency treatment for the pets of the members of the Armed Forces. A program was carried out with the cooperation of local county Public Health authorities particularly in regard to rabies control.

Veterinary personnel within the Military District is adequate in number, experience and training for duties and responsibilities assigned. Several enlisted men attended the Medical Department Meat and Dairy Hygiene School at the Chicago QM Depot, and completed the course with marks within the top 25% of the class.

There are eighty-five U. S. Government horses within this area; twenty located at Ft. Myer, thirteen at Ft. Belvoir, and fifty-two at Quantico. Of the twenty horses located at Ft. Myer, six are utilized for laboratory needs of the Army Medical Center at Walter Reed General Hospital, while the remaining animals are used for ceremonial purposes, mainly those conducted at Arlington National Cemetery. No reportable infectious communicable diseases were diagnosed during the year. Two hundred and ten animals were examined and treated. All animals were inoculated against equine encephalomyelitis and tested for glanders during the year. The Station Veterinarian at Ft. Belvoir made twenty-eight trips to the Marine Base at Quantico to provide professional services at the Post.

During the year three hundred and eighty one thousand, six hundred and twenty pounds of bran, oats, hay and straw were inspected for quality and condition. Three thousand, four hundred and two pounds of hay were rejected.

At the several small animal clinics conducted throughout the District eight hundred and forty-three dogs and cats were inoculated against rabies. One hundred and thirty-nine dogs were immunized against distemper. Five hundred and sixteen dogs and cats were given emergency treatment. One hundred and eight-two small animals were examined for internal parasites. Fifty-five health certificates were issued.

During the year, inspections were conducted on food items included in one thousand, three hundred and sixty-six purchase orders requested by the Richmond Quartermaster Market Center. Reference is made to the chart on page 20, which shows the type of inspections and the amounts passed and rejected.

All commercial establishments located within the Command, where foods of animal origin are either processed or handled and approved as sources of supply for the Armed Forces were inspected at least once each month to assure the maintenance of high sanitary standards. Seven hundred and ninety-two monthly sanitary inspections were conducted during the year. Twenty establishments were provided with initial inspections and approved as sources of supply of food for the Armed Forces.

During the year 1949, samples of meat, dairy and egg products were collected and sent to the Veterinary Laboratory, Army Medical Center, for complete analysis on both the Class 3 and Class 4 Inspections. During the period covered by this report five hundred and sixty samples from Class 3 Inspections and one thousand, seven hundred and thirty-eight samples from Class 4 Inspections were submitted for laboratory analysis.

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Veterinary chart referred to in above article appears on page 20.  
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## SURGEON MILITARY DISTRICT OF WASHINGTON

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### ASSIGNMENT OF COLONEL ROBERT E. BITNER AS SURGEON, MILITARY DISTRICT OF WASHINGTON

Colonel Robert E. Bitner comes to the Military District of Washington after serving for 2-1/2 years as Surgeon of the I Army Corps in Japan. Over a career of 21 years in the Army, he has been commanding officer of Army hospitals in Alaska, the Aleutian Islands, and New Orleans, La.

Born in Fort Wayne, Indiana, June 28, 1897, Colonel Bitner received his Bachelor of Science degree from the University of Indiana in 1924 and Doctor of Medicine in 1926. During World War I he had served as an enlisted man in the Army Medical Department.

On January 30, 1929, Colonel Bitner accepted a commission in the Regular Army as a 1st Lieutenant, Medical Corps. He attained the rank of full colonel December 31, 1942.

A graduate of the Army Medical School and the Medical Field Service School, Colonel Bitner is also a member of the American Medical Association and a Fellow in the American College of Surgeons.

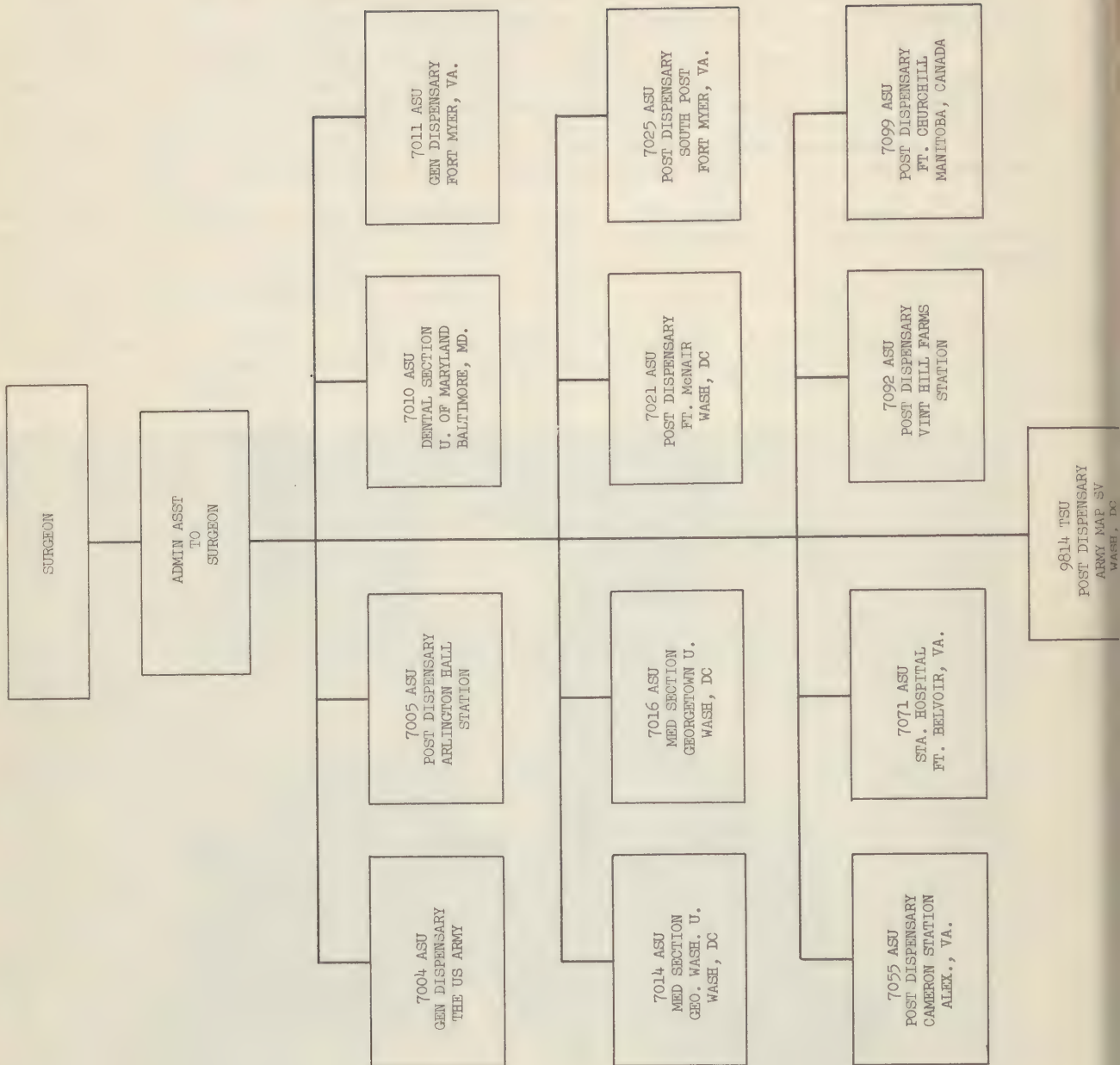
Colonel Bitner holds the Army Commendation Ribbon for World War II service.

Colonel Bitner is living at 512 North Irving Street, Arlington, Virginia. He succeeds Colonel Floyd V. Kilgore, who retired 31 January 1950 after 32 years of service.



# MEDICAL ACTIVITIES IN M. D. W. ORGANIZATIONAL CHART

(D/A CIR 64, 1948)





# ADMINISTRATIVE DIVISION

## RECORDS DISPOSITION SCHEDULE

The following breakdown in table form of medical records disposition is published for your information and guidance. It is furnished as a guide and is not intended to be all inclusive.

IDENTIFICATION OF FILES	HOSPITAL AND DISPENSARY ADMINISTRATION FILES		STATUS	DISPOSITION INSTRUCTIONS
	DISPOSITION AUTHORITY			DISPOSAL STANDARD
<u>Hospital and ward administration files:</u>				
Hospital and dispensary administration.....	Par 239a	SR 345-920-1	Permanent	
general files				
Locator card files.....	Par 239b	SR 345-920-1	Temporary	1 year after transfer of individual except as indicated in par 188.
Admission and disposition sheet files.....	Par 239c	SR 345-920-1	Permanent	
Outpatient statistical report files.....	Par 239d	SR 345-920-1	Temporary	1 year
Patient Statistical report files.....	Par 239e	" " " "	do	1 year
Pregnancy case statistical report files....	Par 239f	" " " "	do	3 months
Patient status report files.....	Par 239g	" " " "	do	3 months
Patient statistical card files.....	Par 239h	" " " "	do	1 year, or upon inactivation of installation
Patient transfer files.....	Par 239i	" " " "	do	3 months after transfer of patient
Clinics' statistical report files.....	Par 239j	" " " "	do	1 year
Hospital inspection report files.....	Par 239k	" " " "	do	1 year
Operation orders and schedules files.....	Par 239l	" " " "	do	1 month
Operation statistical report files.....	Par 239m	" " " "	do	1 year
Seriously ill report suspense files.....	Par 239n	" " " "	do	On disposition or death of patient
(WD AGO Forms 8-167, 8-168)				
Seriously ill roster files (WD AGO Form....	Par 239o	" " " "	do	3 months
8-166)				
Intervening illness statement files.....	Par 239p	" " " "	do	6 months
Absence sick suspense files (WD AGO Form... Par 239q		" " " "	do	on return of patient
8-170)				
Veterans Administration hospitalization....	Par 239r	" " " "	do	3 months after disposition of the case
record files				
Veterans Administration hospitalization....	Par 239k	" " " "	do	3 months
report files				
Ward statistical report files.....	Par 239t	" " " "	do	3 months
Ward narcotic registers.....	Par 239u	" " " "	do	3 months after close of book
<u>Patient funds and property files</u>				
Fund account books.....	Par 240a	SR 345-920-1	Temporary	3 years after date of last entry
Fund voucher files.....	Par 240b	" " " "	do	3 years
Patient deposit certificate files (WD AGO.. Par 240c		" " " "	do	6 months after final withdrawal
Form 8-178)				
Patient's property files.....	Par 240d	" " " "	do	6 months after transfer of patient or upon inactivation of installation
Clearance sheet files.....	Par 240e	" " " "	do	1 year
<u>Pharmacy services files</u>				
Medical prescriptions files.....	Par 241a	" " " "	do	3 years
Narcotic and drug registers.....	Par 241b	" " " "	do	2 years after audit and clearance of stock record account to which the registers relate
Pharmacy collection files (Standard Form... Par 241c		" " " "	do	3 months after inspection by the Commanding Officer
1044, Receipts for cash, & Cash book)				
Dispensary statistical report files.....	Par 242	" " " "	do	1 year

# ADMINISTRATIVE DIVISION

## MEDICAL AND SURGICAL SERVICES FILES

### IDENTIFICATION OF FILES

### DISPOSITION AUTHORITY

### DISPOSITION INSTRUCTIONS STATUS DISPOSAL STANDARD

#### General medical reports and journal;

Medical daily diaries.....	Par 244a	SR 345-920-1	Permanent
Station surgeon annual report.....	Par 244b	" " " "	do
Hospital annual report files.....	Par 244c	" " " "	do
Medical schools technical report files.....	Par 244d	" " " "	do
Overseas medical history files.....	Par 244e	" " " "	do

#### Statistical health report files:

Statistical health tables and charts files..	Par 245b	" " " "	do
(WD AGO Form 8-120&8-121)			
Statistical health report files (WD AGO.....	Par 245c	" " " "	
Form 8-122)			

#### A. Retained reports

#### B. Reports received by higher headquarters

Pre - embarkation health certificate files..	Par 245d	" " " "	Temporary
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2 years

6 months, or upon inactivation of organization which ever is sooner

Epidemic diseases telegraphic report files..	Par 245e	" " " "	do
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5 years

Communicable diseases.....	Par 245f	" " " "	do
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5 years

Malaria survey and control report files.....	Par 245g	" " " "	Permanent
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Venereal disease statistical files.....	Par 245h	" " " "	do
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Venereal disease report and questionnaire...	Par 245i	" " " "	Temporary
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1 year

#### Statistical Health Report Files:

Birth report files.....	Par 245j	" " " "	Permanent
Civil health authorities death report files.	Par 245k	" " " "	do
Army death report files (WD AGO Form 52-1)..	Par 245l	" " " "	Temporary
Post mortem request files.....	Par 245m	" " " "	do

3 months  
1 year

#### Individual medical report files:

Sick and wounded report sheet files (WD AGO	Par 246b	" " " "	do
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Form 8-23)			5 years
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Medical report card files (duplicates).....	Par 246c	" " " "	do
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(WD AGO Form 8-24)			
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Emergency medical tags (duplicates) (WD AGO	Par 246d	" " " "	Temporary
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Form 8-26)			3 months
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Daily sick reports (WD AGO Form 5).....	Par 246e	" " " "	Permanent
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#### Individual personnel medical files:

Clinical files.....	Par 247b	" " " "	do
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Electroencephalographic tracings.....	Par 247c	" " " "	do
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Immunization registers.....	Par 247d	" " " "	
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#### A. For enlisted personnel

Temporary Upon transfer of information to enlisted record and report of separation as required by AR 40-215, except as indicated in par 247d.

#### B. For officer personnel

Nominal index files.....	Par 247e	" " " "	Permanent
--------------------------	----------	---------	-----------

Temporary When a hospital is discontinued, disbanded, inactivated, placed on a stand-by status, or reduced to dispensary status

Outpatient index files.....	Par 247f	" " " "	Permanent
-----------------------------	----------	---------	-----------

Diagnosis index files.....	Par 247g	" " " "	Temporary
----------------------------	----------	---------	-----------

When hospital is discontinued, disbanded, inactivated, placed on a stand-by status, or reduced to dispensary status

Separation index files.....	Par 247h	" " " "	do
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Death index files.....	Par 247i	" " " "	do
------------------------	----------	---------	----

Remaining index files.....	Par 247j	" " " "	do
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2 years, or upon inactivation.

Transfer index files.....	Par 247k	" " " "	do
---------------------------	----------	---------	----

do



# ADMINISTRATIVE DIVISION

IDENTIFICATION OF FILES	DISPOSITION AUTHORITY		DISPOSITION INSTRUCTIONS	
			STATUS	DISPOSAL STANDARD
Physical examination report files..... Par 247l (WD AGO Form 38-63-721-0164)	SR 345-920-1		do	5 years
Eye, ear, nose, and throat examination..... Par 247m files	" " " "		Permanent	
Physical therapy treatment record files.... Par 247n (WD AGO Form 8-194)	" " " "		do	
Physical examination work sheet files..... Par 247o	" " " "		Temporary	6 months
Physical classification files..... Par 247p	" " " "		do	1 year
Medical disposition board proceedings..... Par 247q (duplicates)	" " " "		do	5 years
Blood donor files..... Par 247r	" " " "		Permanent	

## Industrial dispensary files

Civilian individual medical files..... Par 249b	" " " "	Permanent
Medical treatment record files..... Par 249c	" " " "	do
Medical absentee record files (WD AGO Form. Par 249d 8-172)	" " " "	do
Occupational health report files..... Par 249e (WD AGO Form 8-177)	" " " "	do

## DENTAL SERVICE FILES

Dental register card case files..... Par 250	" " " "	Permanent	
Dental report files..... Par 251	" " " "	Temporary	1 year
Other dental files			
A. Dental Engagements Slips (WD AGO.... Par 252 Form 8-103) or similar forms.	" " " "	do	3 months
B. Prosthetic Case Record (Temporary). Par 252 (WD AGO Form 8-143) or similar forms.	" " " "	do	3 months
C. Dental classification cards of indi- Par 252	" " " "	do	After transfer of individual
D. Dental work sheets and tabulation... Par 252	" " " "	do	3 months
E. Monthly audit of special dental..... Par 252	" " " "	do	1 year after annual inspection of installation or on inactivation.

## MEDICAL RESEARCH AND EXPERIMENTAL FILES

Research and experimental case files..... Par 253	" " " "	Permanent
Medical publications files..... Par 254	" " " "	do
Hospital publications and professional..... Par 255 papers	" " " "	do

## LABORATORY SERVICE FILES

Tissue examination files..... Par 257	" " " "	Permanent	
Autopsy protocol files..... Par 258	" " " "	do	
Autopsy report files..... Par 259	" " " "	Temporary	1 year, except as indicated in paragraph 259
Stock culture historical record files..... Par 260	" " " "	Permanent	
Animal weight and unit report files..... Par 261	" " " "	Temporary	1 year
Laboratory report files..... Par 262	" " " "	do	1 year

## SANITARY ENGINEERING AND SANITATION FILES

Sanitary engineering and sanitation general Par 263 files	" " " "	Permanent
Sanitary report files..... Par 264	" " " "	do

## VETERINARY SERVICE FILES

Veterinary history of station files..... Par 265	" " " "	Permanent
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# ADMINISTRATIVE DIVISION

## PERSONNEL NOTES

During the month of January 1950, the following medical personnel joined the Military District of Washington units indicated:

NAME	RANK	BRANCH	ORGANIZATION
Bitner, Robert E.	Colonel	MC	7001 ASU, Headquarters, MDW
Watson, Robert	Major	MSC	7031 ASU, Army Medical Center
Stecker, Pauline	Captain	ANC	7071 ASU, Fort Belvoir, Va.
Paulick, Mary	Captain	ANC	7071 ASU, Fort Belvoir, Va.
Jennings, Ervin	Captain	MC	7071 ASU, Fort Belvoir, Va.
Murphy, Della	1st Lt.	ANC	7071 ASU, Fort Belvoir, Va.
McLinden, Helen	1st Lt.	ANC	7071 ASU, Fort Belvoir, Va.
Hamilton, Caroline	1st Lt.	ANC	7071 ASU, Fort Belvoir, Va.
Fitzgerald, Ruth	1st Lt.	ANC	7071 ASU, Fort Belvoir, Va.
Walsh, Helen	1st Lt.	ANC	7071 ASU, Fort Belvoir, Va.
Bornstein, Lester	2nd Lt.	MSC	7031 ASU, Army Medical Center

The following medical personnel departed from the Military District of Washington organizations indicated during the month of January 1950.

NAME	RANK	BRANCH	ORGANIZATION
Kilgore, Floyd V.	Colonel	MC	Surgeon, MDW - Retired From Active Service Effective 31 January 1950.
Fullwood, Martha	Major	ANC	7011 ASU - Retired From Active Service Effective 31 January 1950
Price, Walter	Captain	MC	7011 ASU - Transferred to Army Medical Center, Washington, DC
Bres, Edward Jr.	Captain	MC	7071 ASU - Transferred to Army Medical Center, Washington, DC
Ansley, Edith	Captain	ANC	7071 ASU - Transferred to FEC Yokohama, Japan
Mosier, Jean	1st Lt.	ANC	7071 ASU - Separated From The Service
Rousseau, Celeste	1st Lt.	ANC	7071 ASU - Separated From The Service

## IDENTIFICATION OF FILES

### DISPOSITION AUTHORITY

### DISPOSITION INSTRUCTIONS STATUS DISPOSAL STANDARD

Veterinary clinical files.....	Par 266	SR 345-920-1	Temporary	1 year after transfer, separation or death of animal
Veterinary health certificate files.....	Par 267	" " " "	do	1 year
Physical examination report files.....	Par 268	" " " "	do	2 years
Animal register card case files.....	Par 269	" " " "	do	1 year after transfer, separation or death of animal
Animal sick report files.....	Par 270	" " " "	do	1 year
Animal death certificate files.....	Par 271	" " " "	do	6 months
Communicable disease report files.....	Par 272	" " " "	do	1 year
Veterinary laboratory food examination.....	Par 273	" " " "	do	1 year
report files				

### PERSONNEL MANAGEMENT FILES

Report of MD Personnel (WD AGO Form 8-9)...	Par 191	" " " "	Temporary	Destroy after 1 year
Letters of transmittal of physicals.....	Par 93c (4)a	" " " "	Temporary	Destroy after 30 or 90 days



## GENERAL COMMENT

THE HEALTH OF THE COMMAND CONTINUED TO BE EXCELLENT.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and II installations exclusive of Army Medical Center, Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of either service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned. (See General Data and Admissions Tables on page 14).

The non-effective rate rose slightly over the December rate of 6.45 to 6.81 for the month of January 1950. Days lost as a result of disease and injury totaled 3407 during the four-week period ending 27 January, 1950, a decided decrease from the 4200 total days lost reported in December.

The total admissions for disease and injury in January were 557. Admissions for disease totalled 509; admissions for injuries totalled 48. The admission rate for January for all causes was 406.4, which may be compared to the December rate of 287.1. The lowest rate of 269.8, for all causes, was reported by General Dispensary, USA, The Pentagon, and Fort Myer reported the highest rate with 843.1.

January's rate for disease cases was 371.4 for 509 cases. The General Dispensary, USA, The Pentagon, reported the lowest rate of 262.3 and Fort Myer reported the highest with a rate of 733.5.

The incidence of injuries decreased during January from 79 cases and a rate of 44.3, as reported in December, to 48 cases and a rate of 35.0. For the second time in succession, the General Dispensary, USA, The Pentagon has reported the lowest rate with 7.5 and Fort McNair the highest rate with 157.2.

Only one death was reported by installations throughout the four-week report period ending 27 January 1950.

## COMMUNICABLE DISEASE

COMMUNICABLE DISEASE RATE HAS BEEN NORMAL DURING JANUARY.

Common respiratory diseases decreased in incidence during the January report period with 121 cases reported with a rate of 88.3. The rate for December was 74.0 for 132 cases. Fort Belvoir again reported the lowest incidence of respiratory disease with a rate of 21.2. Fort Myer reported the highest with a rate of 227.6.

Admission rates for pneumonia all types increased slightly over the December rate of 10.0 to 10.2 in January.

No cases of measles, scarlet fever and rheumatic fever were reported throughout January 1950.

Influenza, mumps, diarrhea and other communicable diseases reflected an increase over the number reported last report period.

Pertinent statistical tables may be found on pages 14 and 16.

**RESTRICTED****PREVENTIVE MEDICINE**

GENERAL DATA  
4 Week Period Ending 27 January 1950  
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
	Total	White	Negro	All Causes		Diseases		Injuries			
				Cases	Rates	Cases	Rate	Cases	Rate		
Fort Belvoir (A)	8604	7247	1357	241	365.1	233	353.0	8	12.1	10.93	0
(AF)	155	155	0	4	336.4	2	168.2	2	168.2	57.14	0
Fort McNair (A)	912	830	82	32	457.4	21	300.2	11	157.2	2.43	0
(AF)	94	94	0	0	-	0	-	0	-	-	0
Fort Myer, Virginia (A)	1546	1350	196	100	843.1	87	733.5	13	109.6	6.47	1
(AF)	0	0	0	8	-	8	-	0	-	-	0
South Post, Fort Myer (A)	1671	1671	0	61	475.8	56	436.8	5	39.0	2.44	0
(AF)	0	0	0	0	-	0	-	0	-	-	0
General Dispensary, USA (A)	3479	3443	36	72	269.8	70	262.3	2	7.5	2.29	0
(AF)	3362	3345	17	100	387.7	95	368.3	5	19.4	2.44	0
All Other (A)	1648	1648	0	51	403.4	42	332.2	9	71.2	2.04	0
(AF)	35	35	0	2	744.9	2	744.9	0	-	-	0
Total Mil Dist of Wash (A)	17860	16189	1671	557	406.4	509	371.4	48	35.0	6.81	1
(AF)	3646	3629	17	114	407.5	107	382.5	7	25.0	3.38	0
AMC - Med Det (Duty Pers)*	1726	1581	145	60	453.1	57	430.5	3	22.6	5.19	1
AMC - Det of Patients *	1282	1161	121	150	1525.1	139	1413.3	11	111.8	988.75	5
AMC - Total (Army)	2542	2302	240	165	846.1	155	794.8	10	51.3	383.28	6
AMC - Total (Air Force)	466	440	26	45	1258.7	41	1146.8	4	111.9	648.61	0
AMC - Total (A & AF)	3008	2742	266	210	910.0	196	849.3	14	60.7	424.38	6
Total Dept/Army Units	20402	18491	1911	722	461.3	664	424.2	58	37.1	53.72	7
Total Dept/Air Force Units	4112	4069	43	159	504.0	148	469.1	11	34.9	76.50	0
* Army and Air Force personnel included											

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR  
4 Week Period Ending 27 January 1950  
(Data From WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepa-titis	Malaria	Psychi-atric Disease
Fort Belvoir (A)	21.2	15.1	6.1	-	-	9.1	-	-	-	-	3.0	-	9.1
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort McNair (A)	-	-	-	-	-	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer, Virginia (A)	227.6	8.4	-	16.9	-	25.3	-	-	-	8.4	-	8.4	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
South Post, Fort Myer (A)	140.4	-	-	-	-	7.8	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, USA (A)	142.4	7.5	3.7	33.7	-	7.5	-	-	-	-	-	-	-
(AF)	190.0	-	-	27.1	-	7.8	-	-	-	7.8	-	-	-
All Others (A)	189.8	7.9	-	-	-	7.9	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash (A)	88.3	10.2	3.6	8.0	-	9.5	-	-	-	.7	1.5	.7	4.4
(AF)	182.3	-	-	35.7	-	14.3	-	-	-	7.1	-	-	-
AMC - Med Det (Duty Pers)*	15.1	-	-	-	-	-	-	-	-	-	-	-	-
AMC - Det of Patients*	20.3	40.7	20.3	-	-	10.2	-	10.2	-	-	20.3	-	20.3
AMC - Total (Army)	20.0	20.0	10.2	-	-	5.1	-	5.1	-	-	5.1	-	10.2
AMC - Total (Air Force)	-	-	-	-	-	-	-	-	-	-	28.0	-	-
AMC - (A & F)	17.3	17.3	8.7	-	-	4.3	-	4.3	-	-	8.7	-	8.7
Total Dept/Army Units	79.9	11.5	4.5	7.0	-	8.9	-	.6	-	.6	1.9	.6	5.1
Total Dept/Air Force Units	161.7	-	-	31.7	-	12.7	-	-	-	6.3	3.2	-	-
* Army and Air Force Personnel Included													

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# PREVENTIVE MEDICINE

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## VENEREAL DISEASE

Venereal Disease rate among units within the Military District of Washington increased considerably during the January report period.

The rate for January 1950 was 23.35, a decided increase over the December rate of 6.73. All units reported a higher rate than that of the previous month, with the exception of Fort Myer, Virginia. Fort Myer reported having no cases of venereal disease during the January report period.

A total of 32 cases was reported during the four-week period ending 27 January 1950. Of the 32 cases reported 28 were from Fort Belvoir.

During January 22 cases were incurred by white personnel with a rate of 17.71 per thousand troops per annum, and 10 cases were incurred by Negro personnel, with a rate of 78.01.

Five of the said number of cases were reported as syphilis, and 27 as gonorrhea.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (January) in addition to the rate per 1000 men per annum.

Pertinent statistical tables and charts may be found on pages 16, 17, 18 and 19.

### NEW VENEREAL DISEASE CASES - EXCL EPTS - NOVEMBER 49, DECEMBER 49, AND JANUARY 50

STATION	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
	NOVEMBER 49	DECEMBER 49	JANUARY 50	JANUARY 50
Fort Belvoir	25.18	13.70	42.42	3.25
Fort McNair	-	-	14.29	1.10
Fort Myer	16.38	-	-	-
South Post, Fort Myer	-	-	7.80	.60
General Dispensary, USA	-	-	3.75	.29
All Others	-	-	7.91	.61
Total Mil Dist/Wash Units	13.87	6.73	23.35	1.79
Army Medical Center - Total	27.29	12.42	10.26	.79
Total Dept/Army Units, Mil Dist of Washington	15.38	7.41	21.72	1.67

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## PREVENTIVE MEDICINE

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY  
MDW RATE PER 1000 TROOPS PER YEAR

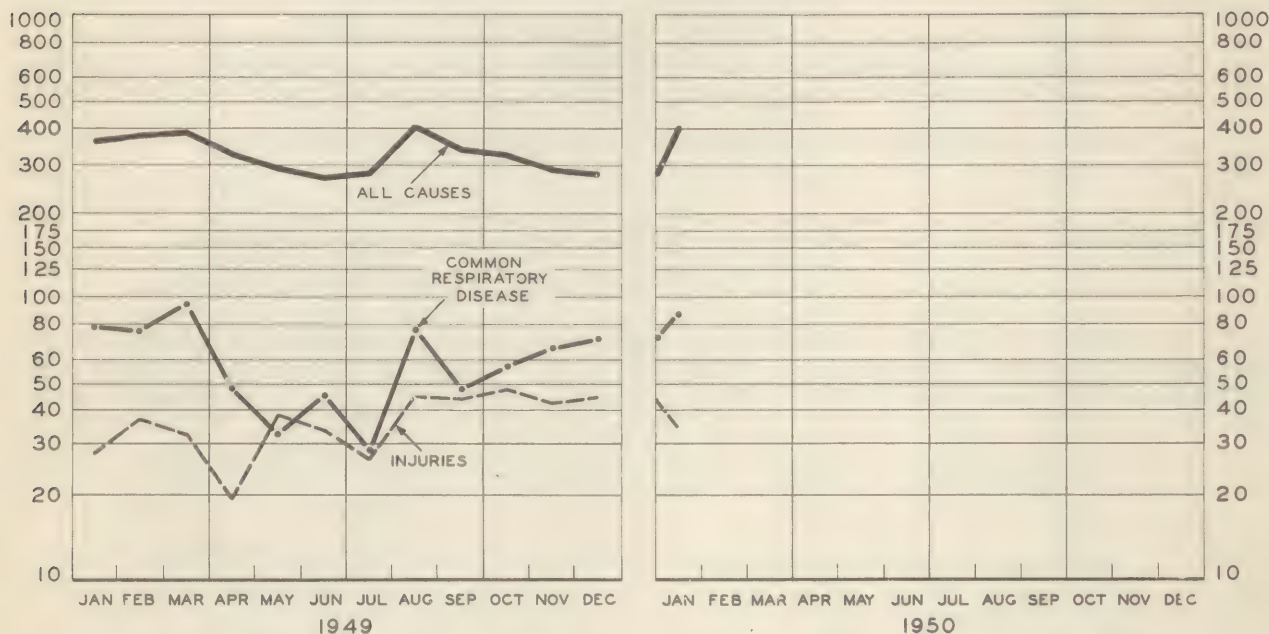
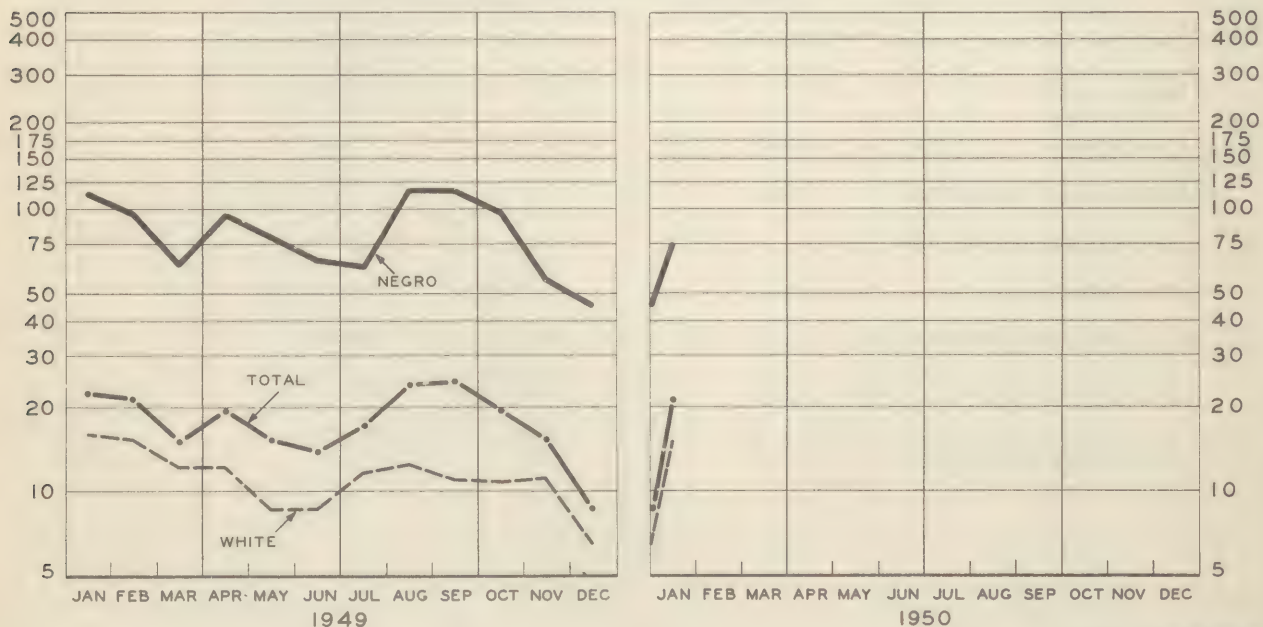


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER  
RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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# PREVENTIVE MEDICINE

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## CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Four Week Period Ending 27 January 1950 (Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7,247	2	16	0	18	32.38	4
	N	1,357	3	7	0	10	96.06	15
	T	8,604	5	23	0	28	42.42	19
Fort McNair	W	830	0	1	0	1	15.70	0
	N	82	0	0	0	0	-	0
	T	912	0	1	0	1	14.29	0
Fort Myer, Virginia	W	1,350	0	0	0	0	-	0
	N	196	0	0	0	0	-	0
	T	1,546	0	0	0	0	-	0
South Post, Fort Myer	W	1,671	0	1	0	1	7.80	0
	N	0	0	0	0	0	-	0
	T	1,671	0	1	0	1	7.80	0
General Dispensary, USA	W	3,443	0	1	0	1	3.79	0
	N	36	0	0	0	0	-	0
	T	3,479	0	1	0	1	3.75	0
All Others	W	1,648	0	1	0	1	7.91	0
	N	0	0	0	0	0	-	0
	T	1,648	0	1	0	1	7.91	0
Total Mil Dist of Wash	W	16,189	2	20	0	22	17.71	4
	N	1,671	3	7	0	10	78.01	15
	T	17,860	5	27	0	32	23.35	19
Army Medical Center - Total	W	2,302	0	1	0	1	5.66	92
	N	240	0	1	0	1	54.31	88
	T	2,542	0	2	0	2	10.26	180
Total Dept/Army Units	W	18,491	2	21	0	23	16.21	96
	N	1,911	3	8	0	11	75.03	103
	T	20,402	5	29	0	34	21.72	199

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## PREVENTIVE MEDICINE

### VENEREAL DISEASE RATES FOR US\*

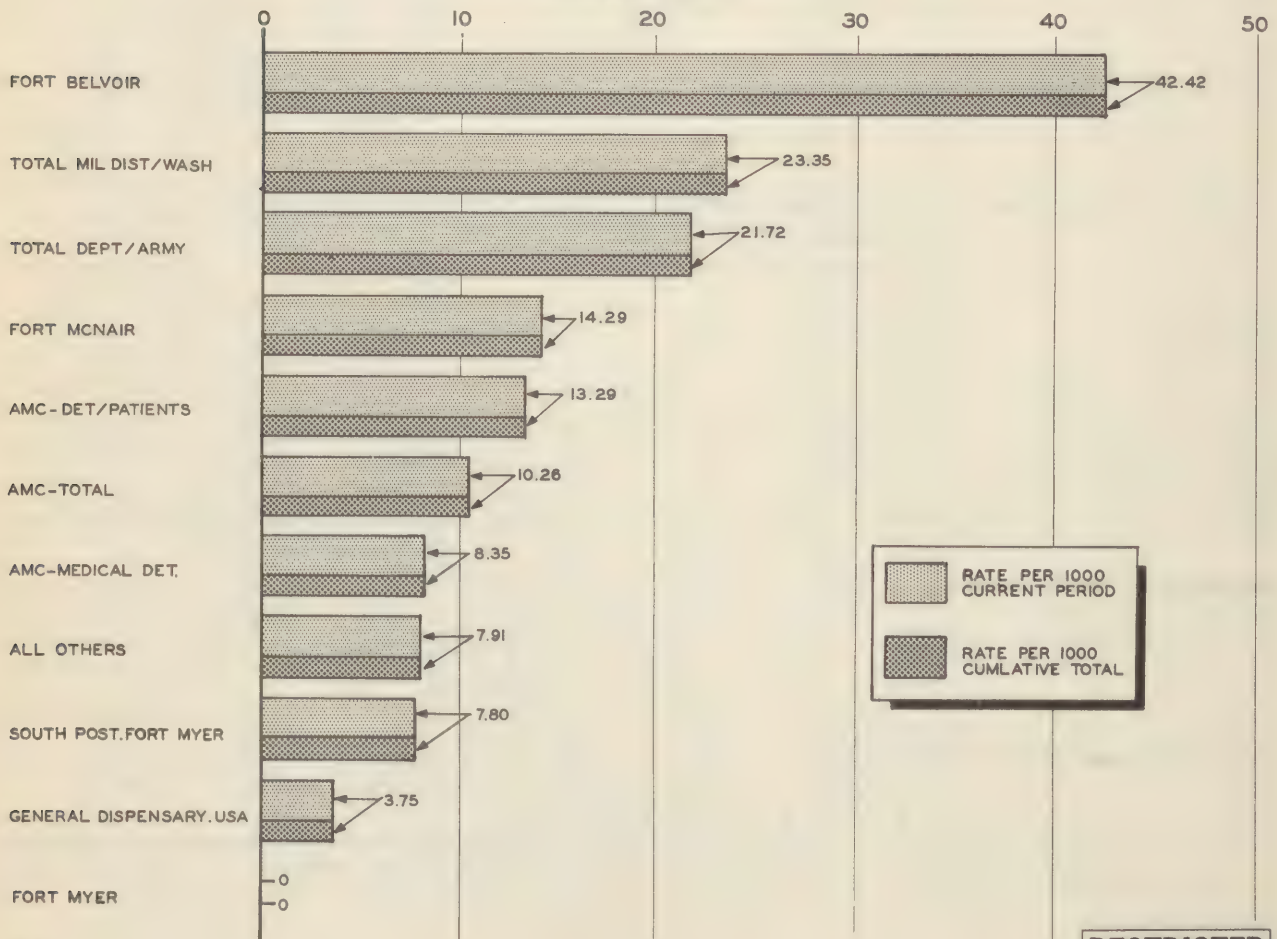
(All Army Troops)

	NOVEMBER 1949	DECEMBER 1949	JANUARY 1950
First Army Area	11	6	12
Second Army Area	16	12	19
Mil District of Washington	15	7	20
Third Army Area	22	18	26
Fourth Army Area	17	13	21
Fifth Army Area	15	9	16
Sixth Army Area	20	16	20
Total United States	17	13	20

\* Compiled in the Office of the Surgeon General and includes General Hospitals.

### VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTALS ENDING 27 JANUARY 1950

TOTAL WHITE & NEGRO PERSONNEL  
CHARGEABLE CASES



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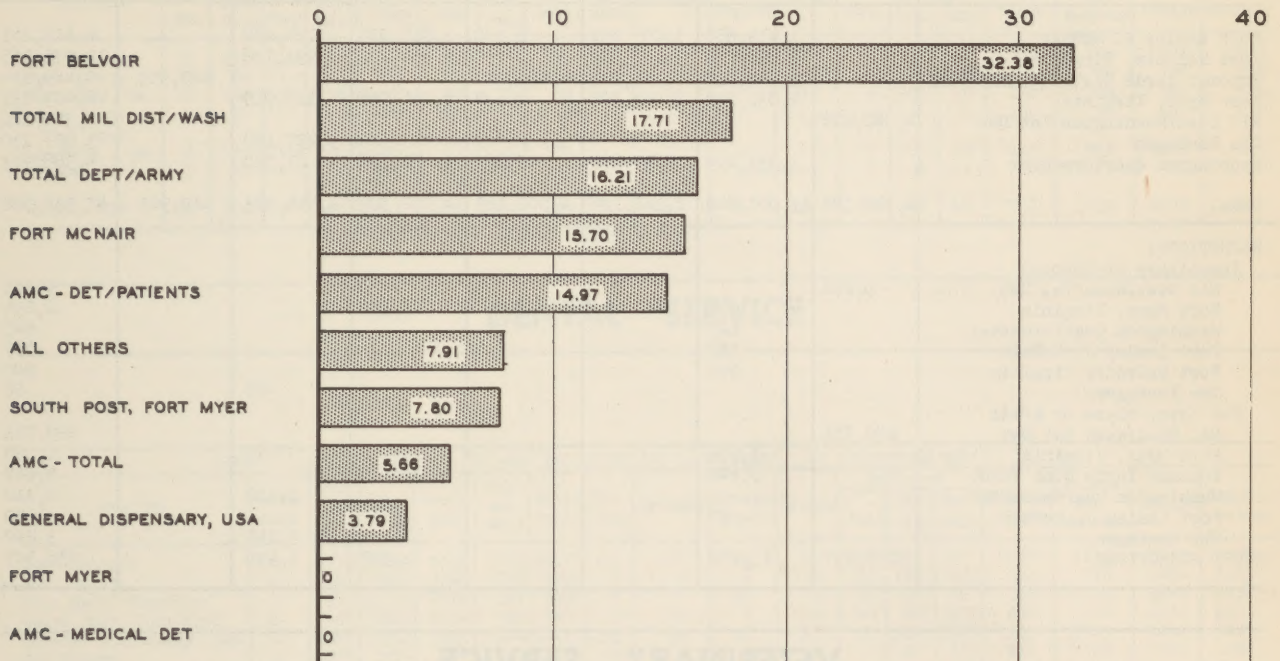


# PREVENTIVE MEDICINE

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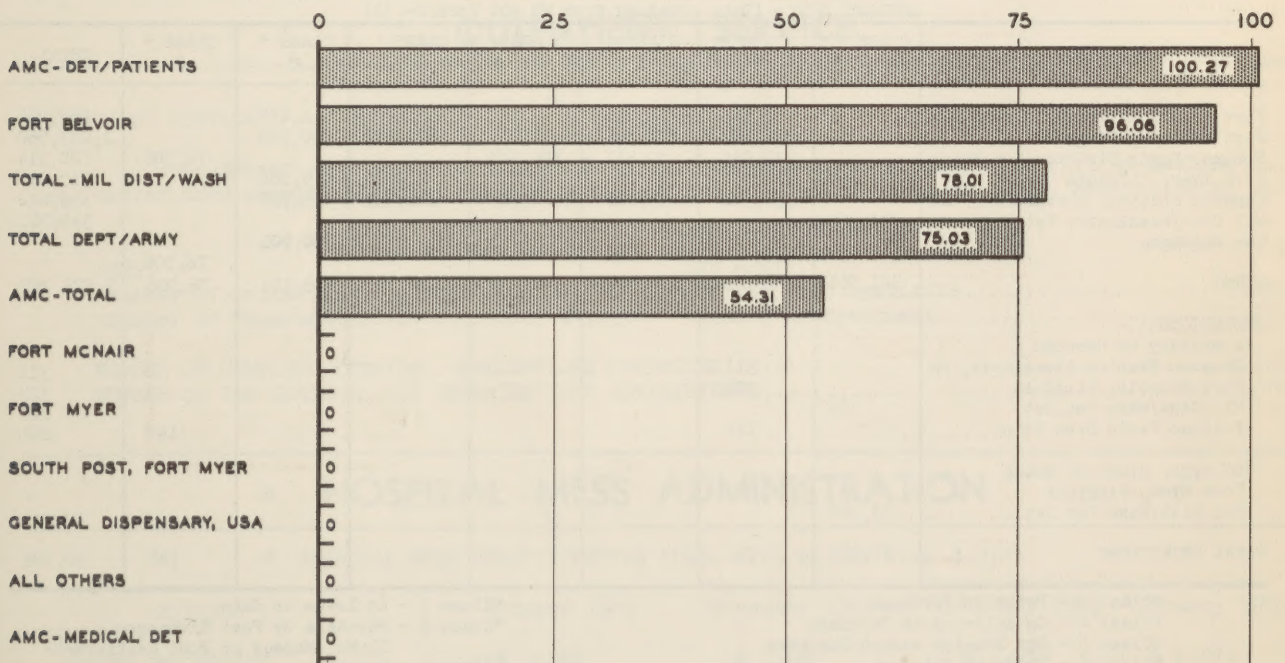
## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 27 JANUARY 1950  
WHITE PERSONNEL (CHARGEABLE CASES)



## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 27 JANUARY 1950  
NEGRO PERSONNEL (CHARGEABLE CASES)



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**RESTRICTED****1949****VETERINARY SERVICE****1950**

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED 1949  
(Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		1,419,853	1,053,237	1,190	1,815,299	124,072		4,413,651
Fort Belvoir, Virginia		2,892,246	3,125,080	2,793	6,064,320	991,726		13,076,165
Potomac Yards Distribution Point		3,424,017	1,126,513	4,488,701				9,469,134
Fort Myer, Virginia		2,038,230	2,001,398	3,634	4,246,556	113,915	429,903	8,403,733
Mil Dist/Washington Vet Det	4,340,122							4,340,122
The Pentagon						3,227,150		3,227,150
Washington Quartermaster		1,233,494	835,876	5,865	2,226,128	87,590		4,388,953
Total	4,340,122	11,007,840	8,142,104	4,502,183	14,352,303	4,544,453	429,903	47,318,908
REJECTIONS:								
Insanitary or Unsound								
Mil Dist/Wash Vet Det	9,206							9,206
Fort Myer, Virginia		937			1,357			2,294
Washington Quartermaster		645						645
Fort Lesley J. McNair		557						557
Fort Belvoir, Virginia		205						205
The Pentagon						66		66
Not type, class or grade								
Mil Dist/Wash Vet Det	229,751							229,751
Fort Myer, Virginia		1,516				12		1,528
Potomac Yards Dist Point		9,849						9,849
Washington Quartermaster						1,110		1,110
Fort Lesley J. McNair		50						50
The Pentagon						3,242		3,242
TOTAL REJECTIONS	238,957	13,759			1,357	4,430		258,503

**VETERINARY SERVICE**

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED  
JANUARY 1950 - (Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		72,625	66,281		138,906	11,474		289,286
Fort Belvoir, Virginia		372,883	234,106		629,811	50,760		1,287,560
Potomac Yards Distribution Point		237,919	59,341	346,548				720,314
Fort Myer, Virginia		164,402	200,287	232	341,621	9,186	76,506	715,728
Cameron Station, Alexandria, Va.		130,342	58,708	726	162,439	5,797		358,012
Mil Dist/Washington Vet Det.	341,561							341,561
The Pentagon						260,901		
TOTAL	341,561	978,171	618,723	347,506	1,272,777	338,118	76,506	3,973,362
REJECTIONS:								
Insanitary or Unsound								
Cameron Station Alexandria, Va		311						311
Fort Belvoir, Virginia		328						328
Mil Dist/Wash Vet Det	120							120
Potomac Yards Dist Point		114					147	261
Not type, class or grade								
Fort Myer, Virginia						6		6
Mil Dist/Wash Vet Det	37,362							37,363
TOTAL REJECTIONS	37,483	753				6	147	38,389

\*Class 3 - Prior to Purchase

\*Class 4 - On delivery at Purchase

\*Class 5 - Any Receipt except Purchase

\*Class 6 - Prior to Shipment

\*Class 7 - At Issue or Sale

\*Class 8 - Purchase by Post Exchanges,  
Clubs, Messes or Post Restaurants

\*Class 9 - Storage

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1949

## DENTAL SERVICE

1950

DENTAL SERVICE - FOUR WEEK PERIOD ENDING 27 JANUARY 1950

STATION	Military		Civilian		Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Rays	Exami- nations
	Men	Duty Days	Men	Duty Days									Full	Par- tial	Re- pair				
Fort Belvoir	8	251	1	22	1549	344	474	297	2	19	1	7	22	21	14	400	116	735	1098
Fort McNair	2	62	1	8	540	359	285	101	-	1	1	3	-	14	2	25	53	194	142
Fort Myer, Va.	2	62	1	15	1033	292	73	52	1	1	1	1	3	18	9	104	28	561	533
South Post, Fort Myer	2	60	-	-	476	231	56	48	-	-	3	-	-	7	1	55	18	141	173
Gen Disp., USA	6	135	2	24	1938	354	238	133	1	4	-	1	7	18	19	136	203	1013	825
All Others	1	30	-	-	377	101	54	28	-	-	1	-	-	2	4	10	1	35	355
Total - MDW	21	600	5	69	5913	1681	1180	659	4	25	7	12	32	80	49	730	419	2679	3126

## DENTAL SERVICE

1949		DENTAL SERVICE - 52 WEEK PERIOD ENDING 31 DECEMBER 1949 (CORRECTED COPY)											1950				
STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Rays	Exami- nations
											Full	Par- tial	Re- pair				
Fort Belvoir	7	2532	18290	5912	5765	3817	11	118	12	38	136	235	177	4446	1612	3441	10238
Fort McNair	1	461	6239	3660	1779	772	6	4	6	2	13	105	29	611	738	1084	1403
Fort Myer, Virginia	1	381	11114	2714	647	548	15	7	24	5	39	139	96	762	213	7626	4453
South Post, Fort Myer	2	426	4645	2114	399	445	1	0	7	3	40	93	27	690	64	1931	1341
General Dispensary, USA	4	1296	23313	4273	1444	1441	23	35	58	35	91	329	180	1111	2709	1640	9323
All Others	1	226	1634	461	293	183	2	3	4	2	0	24	16	247	25	117	1032
Total Mil Dist of Wash	16	5322	65235	19154	10327	7206	58	167	111	85	319	925	525	7867	5361	21839	27790

## OUTPATIENT SERVICE

## OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital for the four week period ending 27 January 1950, are indicated below:

## ARMY:

Number of Outpatients.....4,809  
 Number of Treatments.....14,153

## NON ARMY:

Number of Outpatients.....5,055  
 Number of Treatments.....15,713

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED.....1,978  
 NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED.....5,774

## HOSPITAL MESS ADMINISTRATION

HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

STATION	October 1949	November 1949	December 1949	January 1950
FORT BELVOIR				
Income per Ration	\$ 1.062	\$ 1.066	\$ 1.038	\$ 1.052
Expense per Ration	1.047	1.082	1.083	1.119
Gain or Loss	+0.014	-0.017	-0.045	-0.067



# ADMINISTRATIVE DIVISION

Following is a list of publications which are of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY SPECIAL REGULATION		
SR No.	Subject	Date
50-140-10	Sanitation, insect and rodent control operations	16 Jan 50
600-400-1	Personnel, casualty reporting for missing personnel	20 Jan 50
385-10-22	Safety, war trophies and firearms	24 Jan 50
385-240-5	Safety, color code markings for materials handling equipment	25 Jan 50
40-530-10 C-1	Medical service, hospitalization in Army medical facilities of ZI non-military personnel en route from overseas	27 Jan 50
DEPARTMENT OF THE ARMY CIRCULARS		
Cir No.	Subject	Date
1	Communications with Veterans Administration	3 Jan 50
MILITARY DISTRICT OF WASHINGTON MEMORANDA		
Memo No.	Subject	Date
1	Leaves of absence and passes	3 Jan 50
2	Operation of Armed Services police detachment, US Naval Gun Factory	4 Jan 50
3	Assignment of enlisted men, MDW, as chauffeurs and orderlies to officials and general officers, Department of the Army	5 Jan 50
4	"Off limits" - removal from "Off limits" - consolidated list	26 Jan 50
MILITARY DISTRICT OF WASHINGTON CIRCULARS		
Cir No.	Subject	Date
1	I. Promotion to Colonel Regular Army	4 Jan 50
1	II. Promotion to Colonel of Regular and Non-Regular Officers	4 Jan 50
1	III. Separation of Officers	4 Jan 50
2	I. Physical examinations for overseas replacements, US Military Missions	23 Jan 50
2	II. Pay of enlisted personnel	23 Jan 50
2	IV. Enlisted warrant	23 Jan 50
2	V. Efficiency report section	23 Jan 50
3	Temporary storage of household goods	27 Jan 50
PUBLICATIONS ORIGINATED IN OFFICE OF SURGEON, MDW		
ANWMC File No.	Subject	Date
721.6	Report of Hospital Days Lost (Reports Control Symbol ANWMC-4)	3 Jan 50
201.5	Physical Examination and Remedial Action for Overseas Replacement, U. S. Military Missions	6 Jan 50
721.5	Annual Supplement to December Monthly Sanitary Report	13 Jan 50
319.2	Annual Medical Department Reports	16 Jan 50
726.1	Monthly Venereal Disease Statistical Report	18 Jan 50
334	Therapeutic Agents Board	23 Jan 50
353	Training Program for Medical Units within Military District of Washington for period 6 February to 28 April 1950	30 Jan 50
440	Re-distribution of Excess Medical Supplies	30 Jan 50

